



Student Section:

I, (please print name), _____ request that the following information from my academic file be released by the Office of the LAPU Registrar.

Term and Year for Verification (choose 1): Fall _____ Spring _____ Summer _____

Contact Number: (_____) _____

Student I.D. Number: _____

Note: I understand that my verification will include a partial Social Security number in order to provide positive identification.

Release GPA? Yes No

Mail to: _____

Fax to: (_____) _____ Attn: _____

Student Signature _____ Date _____

Registrar Verification Section: (To be completed by the Office of the LAPU Registrar.)

Date: _____

To Whom It May Concern:

This letter is to certify that (student name) _____ with Social Security number (SSN) ending in _____ is a _____ time student at Los Angeles Pacific University and is registered for _____ units for the _____ semester beginning ____/____/____ and ending ____/____/____. The student's cumulative GPA is _____.

Sincerely,

Unofficial Without Signature